

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY ASSURANCE LIAISONS' MEETING MINUTES
MONDAY – MARCH 14, 2016**

Attendees	Aelyen Yoon Allen Pouravan Ann Lee Barbara Paradise Bertrand Levesque Brad Bryant Christina Kubojiri Crystal Cianfrini-Perry David Tavlin David Zippin Debra Mahoney Elida Lambrechts Elisabeth Gildemontes	Elizabeth Pak Emily Ramos Gassia Ekizian Geraldine Gomez Helena Ditko Jessica Walters Juanita Olivas Kari Thompson Kary To Kim Kieu Kimber Salvaggio Lisa Harvey Margaret Faye	Michele Munde Michelle Rittel Michelle Young-Sambajon Misty Aronoff Monika Johnson Nikki Collier Norma Cano Rhiannon DeCarlo Robin Washington Sonya Wangpuchakane Susan Cozolino
Agenda Item	Discussion and Findings	Decisions Recommendations Actions Tasks	Presenter
Call to Order	Meeting was called to order at 10:40 a.m.		Brad Bryant
Introductions	Attendees introduced themselves Christina Kubojiri from CII is the new Co-Chair for SA 4		Brad Bryant
Minutes	The minutes were approved by Bertrand Levesque and seconded by Michelle Rittel.		Brad Bryant
Announcements	New QA Items <ul style="list-style-type: none"> ○ Clinical Psychologist II ○ HP Analyst I 		Brad Bryant
Audits/Reviews	Auditor Controller: <ul style="list-style-type: none"> ○ 3/15 Topanga West ○ 3/29 El Centro Del Pueblo, Inc. 		Brad Bryant
Medi-Cal Certification Section	<ul style="list-style-type: none"> ○ State System Review - only 5 overdue re-certifications ○ May be getting calls sooner for reminders to obtain fire clearance prior to re-certifications. ○ Providers' changing their name and/or address without notifying Medi-Cal Certification Section are causing delays in recertification. ○ DTI/DR programs did well. These programs will be contacted earlier to prepare for re-certification. ○ Per Patient's Rights Office, remove Change of Provider Forms from waiting rooms. ○ Add Grievance Forms as threshold language translations become available. Martin Hernandez (Patient's Rights) will announce when new forms become available. 		Norma Cano
State DHCS Updates	We did well on the State System Review, with preliminary findings of an overall compliance of 92% <ul style="list-style-type: none"> ○ The State will decide on whether general complaints need to be documented as formal 		Diane Guillory

	<p>grievances (there was some disagreement among State reviewers on this)</p> <ul style="list-style-type: none"> ○ We need to implement a better process in issuing NOAAs, including indicating that an NOAA was issued each time a situation occurred that required the issuance. ○ ACCESS line wait times were determined to be too long although this was not marked as officially out of compliance ○ Some areas met 100% compliance: Network Adequacy, MHSA and QI ○ Additional Compliance and Cultural Competency Trainings were recommended 		
Training & Operations	<p>The schedule of trainings was distributed</p> <ul style="list-style-type: none"> ○ Awaiting confirmation to add additional Understanding Documentation dates for April and June. 		Nikki Collier
Policy and Technical Development	<p>A State DHCS Information Notice will be released shortly with the State's decision regarding eight prominent items that were discussed during the State documentation training last August 13th. The decisions on these items are expected to align with current LAC MHP practices. The items are:</p> <ul style="list-style-type: none"> ○ The manner in which Family Therapy is claimed ○ Graduate students providing/claiming Medical specialty mental health services which require a license ○ Undated client signatures on the client treatment plan ○ Providing services prior to the development of a client treatment plan ○ Providing services while driving ○ Claiming for chart review ○ The JV220/JV223 as medication consent forms ○ Signature requirements for co-practitioners <p>Preliminary findings from the State Chart Review</p> <ul style="list-style-type: none"> ○ Overall a 17.4% disallowance rate which is a 10% improvement from last review ○ Medication Consents were missing required elements at time of the audit period but this has since been corrected (see Clinical Forms Bulletin 15-07) ○ Make sure all areas of assessments are completed ○ A few client treatment plans had missing 		Brad Bryant

	<p>client signatures, but overall much better compliance than last review</p> <ul style="list-style-type: none"> ○ Many progress notes were completed after the “next scheduled business day” which is a Directly Operated policy. DMH will be looking into a timeframe requirement for all providers (including Contractors). ○ TCM during psychiatric hospital stays must be for discharge planning only. Disallowances resulted from setting-up post-discharge MH services during hospitalization. ○ DTI/DR near 100% compliance; Outstanding! ○ Medical Necessity requirements of Impairment and Included Diagnosis at 100%; ○ Medication Administration Records are being used in place of individual progress notes with three providers. Total disallowances from this practice accounted for 1/3 of the overall State Review disallowance rate <p>Next steps:</p> <ul style="list-style-type: none"> ○ We will receive a draft of written notice of non-compliance (report) covering both system and chart review results. ○ We will have 30 days to review and challenge results informally. Providers with disallowances will be contacted regarding appeals; final decision regarding appeals will be made by the QA Division. ○ Then we will receive the Final Report and have 15 days to formally appeal items and 60 days to respond with a Plan of Correction (POC). Appeals do not extend 60 day POC deadline. Providers will be contacted with their individual disallowances and findings and asked to submit their own POC to the QA Division. ○ Per special terms and conditions requirement (in exchange for 5-year CMS renewal of 1915(b) “freedom of choice” waiver), POC must be posted online by MHP. 		
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	<p>Final QA Bulletin 16-03: Office of the Inspector General (OIG) Chart Audit –</p> <ul style="list-style-type: none"> ○ Sent out on March 10 by Jennifer Hallman ○ A handout was distributed with the list of chosen providers and additional instructions on providing the required documentation to the QA Division. ○ 15-20 LEs have not yet sent their contact information. ○ QA should receive updated LEs' information annually. <p>IBHIS Updates</p> <ul style="list-style-type: none"> ○ Continuing to on-board contract providers into IBHIS ○ The goal is to have all providers on board by June, 2017 		<p>Michelle Young-Sambajon</p> <p>Susan Cozolino</p>
HIM	<ul style="list-style-type: none"> ○ None 		Brad Bryant
Upcoming Items	<ul style="list-style-type: none"> ○ <i>COS Manual Changes and Trainings</i> ○ <i>Organizational Providers Manual Updates: Chapter 5</i> ○ <i>Procedure Codes Guide</i> 		Brad Bryant
Next Meeting	<p>Monday, April 11, 2016 550 S. Vermont Ave; 10th Floor Los Angeles, CA 90020</p>		Brad Bryant